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SERIAL NUMBER 10/667,655	FILING OR 371(c) DATE 09/23/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. A-8601
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**APPLICANTS**

Nyle S. Elliott, Kingwood, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

(none) AMM

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

(none) AMM

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 12/19/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	Examiner's Signature <i>Adam Marcketti AMM</i>		
	Initials <i>AMM</i>		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
TX	5	20	2

**ADDRESS**HOFFMAN, WASSON & GITLER, P.C.  
Suite 5222361 Jefferson Davis Highway  
Arlington, VA22202**TITLE**

Colostomy alert device and method

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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